

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER

9740-1

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe that I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR RECOGNIZING ACUTE GENERALIZED INFLAMMATORY CONDITIONS (SIRS), SEPSIS, SEPSIS-LIKE CONDITIONS AND SYSTEMIC INFECTIONS

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as U.S. Patent Application Serial Number 10/551,874 on _____, as amended on _____ (if applicable).

☐ was filed as a PCT international application number _____ on _____, as amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or (f), or §365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the applications on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB02B attached hereto:

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)		ATTORNEY DOCKET NUMBER 9740-1	
I hereby claim the benefit under 35 U.S.C. Sections 120 or 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:			
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120:			
U.S. APPLICATIONS		STATUS (Check One)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.			
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS	
PCT/EP2004/003419	03/31/2004		✓
POWER OF ATTORNEY: As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.			
Send Correspondence to: *Customer Number 30448*		Direct Telephone Calls to: NICHOLAS A. ZACHARIADES, PH.D.	
Akerman Senterfitt P.O. Box 3188 West Palm Beach, FL 33402-3188		(561) 653-5000	
201	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP MAILING ADDRESS	FAMILY NAME RUSSWURM CITY JENA MAILING ADDRESS VON-HASE-WEG 32	FIRST GIVEN NAME STEFAN STATE OR COUNTRY GERMANY CITY JENA STATE & ZIP CODE/COUNTRY GERMANY 07743
202	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP MAILING ADDRESS	FAMILY NAME REINHART CITY JENA MAILING ADDRESS PHILOSOPHENWEG 17	FIRST GIVEN NAME KONRAD STATE OR COUNTRY GERMANY CITY JENA STATE & ZIP CODE/COUNTRY GERMANY 07743
203	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP MAILING ADDRESS	FAMILY NAME SALUZ CITY JENA MAILING ADDRESS SOPHIENSTR. 7	FIRST GIVEN NAME HANS-PETER STATE OR COUNTRY GERMANY CITY JENA STATE & ZIP CODE/COUNTRY GERMANY 07743
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issuing thereon.			
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202	
DATE 01-23-2006		DATE 01-27-06	
		SIGNATURE OF INVENTOR 203	
		DATE 31.01.06	

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Page _____ of _____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
EBERHARD		STRAUBE	
Inventor's Signature <i>E. Eberhard</i>			Date <i>02.03.2006</i>
JENA Residence: City	State	GERMANY Country	DE Citizenship
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Given Name (first and middle (if any))		Family Name or Surname	
PETER F.		ZIPFEL	
Inventor's Signature <i>P. Zipfel</i>			Date <i>Feb 15, 06</i>
JENA Residence: City	State	GERMANY Country	DE Citizenship
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
HANS-PETER		DEIGNER	
Inventor's Signature <i>H. P. Deigner</i>			Date <i>18/02/2006</i>
LAMPERTHEIM Residence: City	State	GERMANY Country	DE Citizenship
M.-LUTHER-STR. 23 Mailing Address			
LAMPERTHEIM City	State	88623 Zip	GERMANY Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.